

Penicillin skin testing and oral amoxicillin challenge
Data collection sheet
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Penicillin skin test individuals with a history of an adverse reaction that is potentially IgE-mediated. Do not penicillin skin test if there is a history of a blistering rash involving more than 10% of body surface area, drug induced anemia, nephritis, or hepatitis associated with a penicillin class antibiotic exposure, or if no history of penicillin exposure. Penicillin skin testing is not useful in evaluating cephalosporin-associated reactions. Do not penicillin skin test if a penicillin class antibiotic has been used and tolerated since the index reaction.

Test performed by: _____ Test ordered by: _____ #: _____

Last Name: _____ First Name: _____ Date of test: ____/____/____

Date of birth: ____/____/____ Gender: (M / F) Date of index penicillin adverse reaction: ____/____/____

Infection index penicillin used for: (URI, otitis media, sinusitis, pneumonia, skin, VD, other list
_____)

Route of administration: (oral / parenteral)

Time to onset: (< 1 hour / 1-24 hours / 25 – 72 hours / > 73 hours)

Type of index reaction: (fixed rash, lesions > 24 hours / hives, lesions < 24 hours / angioedema / shortness of breath / hypotension / GI / other list _____)

Treatment of index reaction: (stopped penicillin only / antihistamine / epinephrine / systemic steroid / other list _____)

Place and read all puncture tests prior to placing any intradermal tests. Positive tests are defined as wheal \geq 5 mm with flare > wheal. Do not record test if saline control positive or histamine control negative.

Puncture

Intradermal

Time placed: _____ Time read: _____ Time placed: _____ Time read: _____

- | | | | |
|----------------------------|-----------|----------------------------|-----------|
| 1) Penicilloyl-poly-lysine | ____/____ | 5) Penicilloyl-poly-lysine | ____/____ |
| 2) Penicillin (0.01M) | ____/____ | 6) Penicillin (0.01M) | ____/____ |
| 3) Buffer Control | ____/____ | 7) Buffer Control | ____/____ |
| 4) Histamine | ____/____ | 8) Histamine | ____/____ |

Skin test reaction: (None / list _____) Treatment given (None / list _____)

Oral Challenge: Amoxicillin 250 mg _____ Time: _____

Acute challenge reaction: (None / list _____) Time of onset: _____

Acute challenge reaction treatment given: (None / list _____)

Delayed challenge reaction reported: (None / list _____) Time to onset: _____

Delayed challenge reaction treatment given: (None / list _____)